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(INDIVIDUAL) Direct Dial \_\_\_\_\_From: Sandy Reisman, Paralegal Date August 4, 2004Cover Sheet & 5 page(s) Client Number 21382-8015US1Return to Sandy Reisman / 3744 / 41-14  
NAME EXT. OFFICE LOCATIONOriginal document(s) will be: ☐ sent to you ☒ held in our filesRe: Applicants: Kirk Beach et al.  
Application No.: 09/662,414 Confirmation No. 9962  
Filed: September 14, 2000  
For: SYSTEM FOR VOUCHER OR TOKEN VERIFICATION  
Examiner: Kambiz Abdi  
Art Unit: 3621

Attached are:

1. Request for Continued Examination (RCE) Transmittal
2. Fee Transmittal (+ copy)
3. Petition for Extension of Time (+ copy)

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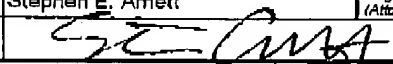
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PTO/SB/17 (10-03)

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Name (Print/Type) Stephen E. Amett		Registration No. (Attorney/Agent) 47,392	Telephone (206) 359-8000																																																																																																																																																																																		
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Dated: August 4, 2004

Signature:  (Sandy Reisman)

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## FEE TRANSMITTAL for FY 2004

*Effective 10/01/2003. Patent fees are subject to annual revision.*

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	540.00	<b>Complete if Known</b>
			Application Number
			Filing Date
			First Named Inventor
			Examiner Name
			Art Unit
			Attorney Docket No.

<p><b>METHOD OF PAYMENT</b> (check all that apply)</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <p>Deposit Account Number: 50-0665</p> <p>Deposit Account Name: Perkins Coie LLP</p> <p>The Director is authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. 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<b>SUBMITTED BY</b>		<b>(Complete if applicable)</b>	
Name (Print/Type)	Stephen E. Arnett	Registration No. (Attorney/Agent)	47,392
Signature		Telephone	(206) 359-8000
		Date	August 4, 2004

I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent and Trademark Office at (703) 872-9306, on:	
Dated: August 4, 2004	Signature:  (Sandy Reisman)